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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Int'l Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (IPAL) 1750 New York Ave. NW ADDRESS (number and street) Suite 400 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tpolucha@iwintl.org (Check if address is changed) Optional Second E-Mail Address ihammond@iwintl.org| COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00027359 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Dean, William, , Kenneth, Type or Print Name of Treasurer Dean, William, , Kenneth, [Electronically Filed] 04 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye 🚣
Can	ndidate	e Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

			l
FEC Form 1 (Revised 0	12/2009)		Page 3
Write or Type Committee Name			
Int'l Association of E	Bridge, Structural, Ornamental and	Reinforcing	Iron Workers (IPAL)
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraisino	g Representative, or	Leadership PAC Sponsor
Int'l. Association of Brid	dge, Structural, Ornamental & Reinfor	cing Iron Worl	(ers
Mailing Address	1750 New York Avenue, NW		
	Washington	DC	20006
	CITY	STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundr	raising Representativ	e Leadership PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and	I position of the pers	son in possession of committee
	am, , Kenneth,		ı
Full Name	,1750 New York Avenue, NW		
Mailing Address			
	Washington	DC	20006
Title or Position	CITY	STATE	ZIP CODE
General Treasurer	Telephon	ne number 202	2
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer ssistant treasurer).	of the committee; a	nd the name and address of
	am, , Kenneth,		1
of Treasurer	14750 New York Ave. NW		
Mailing Address	1750 New York Ave., NW		
	Suite 400		
	Washington	DC	20006
Title or Position	CITY	STATE	ZIP CODE
General Treasurer	Telephon	ne number 202	2 - 383 - 4830

Full Name of Designated Agent	Schmidt, Gaye, , ,	
Mailing Address	1750 New York Avenue, NW	
	, Washington	20006
	Washington DC CITY STATE	20006 ZIP CODE
Title or Position Controller	Telephone number	2
	r Depositories: List all banks or other depositories in which the committee deposits fu	unds, holds accounts, rents
salety deposit bi	poxes or maintains funds.	
Name of Bank,	Depository, etc.	
-	Depository, etc. Suntrust 1445 New York Avenue, NW	
Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW	
Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW	20006
Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW	20006 ZIP CODE
Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW Washington CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Suntrust 1445 New York Avenue, NW Washington CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Suntrust 1445 New York Avenue, NW Washington CITY STATE Depository, etc. Bank of America 505 White Plains road	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW Washington CITY STATE Depository, etc. Bank of America 505 White Plains road	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust 1445 New York Avenue, NW Washington CITY STATE Depository, etc. Bank of America 505 White Plains road	

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Form/Schedule: F1A Transaction ID:

Updating new treasurer information to Kenneth William Dean

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisi	ng Participant:	FF0 IF	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Metal Lathers Lo	cal 46 PAC		
Mailing Address	1322 Third Avenue		
	New York	NY	10021
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
		Transfer Toprosonia	Leadership FAC 3
	fy by name, address (phone number – optional)	Trundialing Fioprocent	Leadership FAC 3
			Leadership FAC 3
esignated Agent: Identi			Leadership FAC 3
esignated Agent: Identi			Leadership FAC 3
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management.	fy by name, address (phone number – optional) CITY CITY Dries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Dries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds. of Ann Arbor	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds. of Ann Arbor	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin g	n Particinant		
O(g)	1	, , a, ,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		T LO ID Humber	0
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	2574 Lindawood Cr.		
		Memphis	TN	38118
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	lephone Number	
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or mai		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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o(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra ciation of Bridge, Structural & Ornam		
	Mailing Address	1501 East Aurora		
		Des Moines	LIA LIA	50313
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representat	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
3.	Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY		ZIP CODE A
3.	Full Name	CITY A	STATE ▲	ZIP CODE A
3.	Full Name	CITY A		ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
3. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
€.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number	